The Mentor Foundation (USA) 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY 4.) STATE OR COUNTRY OF INCORPORATION: DE 6.) PRINCIPAL OFFICE ADDRESS: ADRESS: ADDRESS: ADRECTOR ADRECTOR ADDRESS: ADRECTOR ADRECTOR ADRECTOR ADDRESS: ADRECTOR ADRECTOR ADRECTOR ADRECTOR ADRESS: ADRECTOR ADRESS: ADDRESS: ADDRESS: ADDRESS: ADDRESS: ADDRESS: ADDRESS: ADDRECTOR ADDRESS: ADDRESS: ADDRESS: ADDRESS: ADDRESS: ADDRESS: ADDRE	SCC eFile	2014 ANNUAL REPORT 214506488 COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION				
The Mentor Foundation (USA) 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: SCC ID NO: F1884529 CT CORPORATION SYSTEM 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA  3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY 4.) STATE OR COUNTRY OF INCORPORATION: DE  6.) PRINCIPAL OFFICE ADDRESS:  ADDRESS: 2900 K STREET NW SUITE 501 CITY/ST/ZIP: WASHINGTON, DC 20007  7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.  NAME: YVONNE THUNELL TITLE: SECRETARY ADDRESS: 2900 K STREET NW Suite 501 CITY/ST/ZIP/CO: WASHINGTON, DC 20007  NAME: NO STREET NW SUITE 501 CITY/ST/ZIP/CO: WASHINGTON, DC 20007  NAME: OBERT L DUPONT MD TITLE: DIRECTOR ADDRESS: 700 NEW HAMPSHIRE AVENUE NW TITLE: DIRECTOR ADDRESS: TOWN SUITE 1500 CITY/ST/ZIP/CO: OHEV CHASE, MD 20815  NAME: DIRECTOR ADDRESS: ON WASHINGTON, DC 20037  NAME: DIRECTOR ADDRESS: ON WASHINGTON, DC 20007					4/04/0044	
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### 15.5 STOCK INFORMATION CLASS   AUTHORIZED	2.) VA REGISTERED AGENT NAM	2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM		SCC ID NO: <b>F1884529</b>		
ADDRESS: 2900 K STREET NW SUITE 501  NAME: YVONNE THUNELL TITLE: SECRETARY ADDRESS: 2900 K STREET NW SUITE 501  CITY/STZIP/CO: WASHINGTON, DC 20007  NAME: SECRETARY ADDRESS: 2900 K STREET NW SUITE 501  CITY/STZIP/CO: WASHINGTON, DC 20007  NAME: SECRETARY ADDRESS: 2900 K STREET NW SUITE 501  CITY/STZIP/CO: WASHINGTON, DC 20007  NAME: SECRETARY ADDRESS: 2900 K STREET NW SUITE 501  TITLE: SECRETARY ADDRESS: 2900 K STREET NW SUITE 501  TITLE: SECRETARY ADDRESS: CITY/STZIP/CO: WASHINGTON, DC 20007  NAME: NAME: SECRETARY ADDRESS: CITY/STZIP/CO: WASHINGTON, DC 20007  TITLE: DIRECTOR ADDRESS: CITY/STZIP/CO: CITY/STZIP/				5.) STOCK INFORMATION		
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6.) PRINCIPAL OFFICE ADDRESS:  ADDRESS: 2900 K STREET NW SUITE 501  CITY/ST/ZIP: WASHINGTON, DC 20007  7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.  NAME: YVONNE THUNELL SECRETARY ADDRESS: 2900 K STREET NW SUITE 501  CITY/ST/ZIP/CO: WASHINGTON, DC 20007  NAME: ROBERT L DUPONT MD TITLE: DIRECTOR ADDRESS: 8708 SUSANNA LANE CITY/ST/ZIP/CO: CHEVY CHASE, MD 20815  NAME: RICHARD FORE TITLE: DIRECTOR ADDRESS: 700 NEW HAMPSHIRE AVENUE NW SUITE 1506  CITY/ST/ZIP/CO: WASHINGTON, DC 20037  NAME: Dan Nelson TITLE: DIRECTOR ADDRESS: 700 NEW HAMPSHIRE AVENUE NW SUITE 1506  CITY/ST/ZIP/CO: Scottsdale, AZ 85262  NAME: Richard MacKenzie TITLE: DIRECTOR ADDRESS: c/o Childrens Hospital of LA 4650 Sunset Blvd. Los Angeles, CA 90027  NAME: Ken Winters, MD		ISTERED OFFICE:				
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CITY/ST/ZIP/CO: Los Angeles, CA 90027  NAME: Ken Winters, MD	ADDRESS:					
NAME: Ken Winters, MD	CITY/ST/ZIP/CO:					
TITLE			OFFIC	ER	χ DIRECTOR	
IIILE: DIRECTOR		· · · · · · · · · · · · · · · · · · ·				
ADDRESS: University of Minnesota Medical School		DIRECTOR University of Minnesota Medical	School			
2450 Riverside Ave., F282/2A West CITY/ST/ZIP/CO: Minneapolis, MN 55454		2450 Riverside Ave., F282/2A W				

		χ OFFICER	χ DIRECTOR		
NAME:	Marie-Therese Allen				
TITLE:	ASST SECRETARY				
ADDRESS:	c/o Curtis Mallet-Prevost Colt & Mosle LLP				
	101 Park Avenue				
CITY/ST/ZIP/CO:	New York, NY 10178				
		OFFICER	χ DIRECTOR		
NAME:	Alan Hermesch				
TITLE:	DIRECTOR				
ADDRESS:	6318 Alcott Rd.				
CITY/ST/ZIP/CO:	Bethesda, MD 20817				
		OFFICER	χ DIRECTOR		
NAME:	Tom Riley				
TITLE:	DIRECTOR				
ADDRESS:	459 Belrose Lane				
CITY/ST/ZIP/CO:	Radnor, PA 19087				
		OFFICER	χ DIRECTOR		
NAME:	Juanita Hardy				
TITLE:	DIRECTOR				
ADDRESS:	8922 Second Avenue				
CITY/ST/ZIP/CO:	Silver Spring, MD 20910				
		OFFICER	X DIRECTOR		
NAME:	MaryLee Sjonell				
TITLE:	DIRECTOR				
ADDRESS:	c/o Grey				
	191 Saint Nicholas Ave, Apt 1F				
CITY/ST/ZIP/CO:	New York, NY 10026				
		χ OFFICER	DIRECTOR		
NAME:	Gunilla Girardo				
TITLE:	PRESIDENT				
ADDRESS:	c/o The Mentor Foundation (USA)				
	2900 K Street NW Suite 501				
CITY/ST/ZIP/CO:	Washington, DC 20007				
		χ OFFICER	DIRECTOR		
NAME:	Gunilla Girardo				
TITLE:	ASST SECRETARY				
ADDRESS:	c/o The Mentor Foundation (USA)				
CITY/ST/ZIP/CO:	2900 K Street NW, Suite 501				
	Washington, DC 20007	DONUS DEBODE IS A	OUDATE AND		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.					
/s/ YVONNE THUNELL	YVONNE THUNELL, SECRE		1/30/2014		
SIGNATURE OF DIRECTOR/OFFICER	PRINTED NAME AND CORPO	ORATE	DATE		
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.					